

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/581856

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		0				
2		1					52		0				
3		1					53	1					
4		1					54		1				
5	1						55		1				
6		1					56		2				
7		1					57		1				
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61						
12		1					62	1					
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		17					68						
19		17					69						
20	1						70						
21		1					71						
22	1						72						
23		2					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35	1						85						
36	1						86						
37		2					87						
38		2					88						
39		2					89						
40		2					90						
41	1						91						
42		1					92						
43		1					93						
44		1					94						
45		4					95						
46		0					96						
47		1					97						
48		0					98						
49		0					99						
50		0					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	9	↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	94	←		←		←
TOTAL CLAIMS							TOTAL CLAIMS	103					